

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 11943
Registrar's No. 2241

FILED MAR 18 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILL.</u> b. COUNTY <u>ST. CLAIR.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>E. ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO. PACIFIC</u>		d. STREET ADDRESS (If rural, give location) <u>506 N 18th ST.</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>JOSEPH</u> (Middle) <u>BERNARD</u> (Last) <u>MCGINNIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>76</u> <u>53</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>11-26-1877</u>
9. AGE (In years last birthday) <u>75</u>		10. UNDER 1 YEAR Months <u>20</u> Days <u>0</u>	11. UNDER 1 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRIAL DUTY <u>TERMINAL RAILROAD</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>E. ST. LOUIS, ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BARNEY MCGINNIS</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>JANE DWYER MCGINNIS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>702-12-9876</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gene Kistner, E. St. Louis, Ill</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of prostate</u> DUE TO (c) <u>Generalized bony metastases</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>?</u> <u>1 yr?</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>177X</u>		22. I hereby certify that I attended the deceased from <u>Jan 4, 1953</u> , to <u>Feb 76, 1953</u> , that I last saw the deceased alive on <u>Feb 5, 1953</u> , and that death occurred at <u>7:45 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>W. E. Hosto M.D.</u>		23b. ADDRESS <u>MO Pac. Hosp</u>	
23c. DATE SIGNED <u>2/26/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>3-1-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. CARMEL</u>	
24d. LOCATION (City, town, or county) (State) <u>BELLEVEILLE, ILL.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Smith</u> ADDRESS <u>W. E. Hosto</u>	
DATE REC'D BY LOCAL REG. <u>FEB 27 1953</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Smith</u> ADDRESS <u>W. E. Hosto</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 18 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Phillip Ogden

Licensed Embalmer No. *7091*

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.